PTO/SB/81A (12-08)

Approved for use through 11/30/2011 OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **PATENT - POWER OF ATTORNEY** OR **REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND

PATENT - POWER OF ATTORNEY	Patent Number	5310912
OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND	Issue Date	MAY 10, 1994
	First Named Inventor	JOHN L. NEUMEYER
	Tido	IODINATED NEUROPROBE FOR MAPPING MONOAMINE REUPTAKE
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	PZ9216

I hereby revoke all previous powers of attorney given in the above-identified patent.							
	A Power of At	ttorney is submitted herewith.					
OR	DR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our						
X	attorney(s) or	y(s) or agent(s) with respect to the patent identified above, and to transact all business in ted States Patent and Trademark Office connected therewith:					
OR	I harahy anno	cint Prostitioner(e) named helow as my/our	attorney/e) or a	antial with respect to the	natent identified		
	I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:						
		Practitioner(s) Name	Registration Number				
,							
1		***************************************					
Please recognize or change the correspondence address for the above-identified patent to:							
X	•	sociated with the above-mentioned Customer Nu	•				
OI							
	The address ass	sociated with Customer Number.					
OR							
	Firm or Individual Name						
Addres	3S						
City			State	Zip	.T		
Countr	ry	×		=-r			
Teleph	·		Email				
I am the	_						
Inventor, having ownership of the patent.  OR							
	Patent owner						
— Statement under 37 G. N. 3.7 3(b) (F GMT) TO SUBJOON SABINITIES THE CHILD OF THE CONTROL OF TH							
Signat	+ .ro	SYGNA/TURE of Inventor	or Patent Owner				
Name		Michael Murphy		Telephone 44 2920 520	4990 1011		
		Director, GE HEALTHCARE LIMITED		Tereprone 1			
NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
X *Total of 1 forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, ordinates of the standard of t